



Docket No.: 1163-0385P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tomoyuki ASAHARA et al.

Application No.: 10/030,689

Confirmation No.: 9014

Filed: January 14, 2002

Art Unit: 3661

For: NAVIGATION DEVICE

Examiner: D. Tran

REPLY UNDER 37 C.F.R. § 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated January 24, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

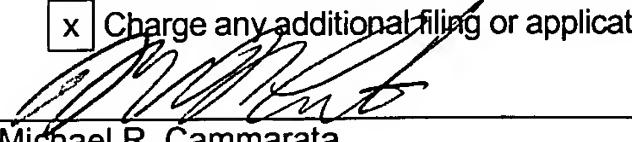
Remarks/Arguments begin on page 7 of this paper.



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REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

270
AF

AMENDMENT TRANSMITTAL LETTER				Docket No. 1163-0385P	
Application No. 10/030,689-Conf. #9014		Filing Date January 14, 2002		Examiner D. Tran	
Art Unit 3661					
Applicant(s): Tomoyuki ASAHARA et al.					
Invention: NAVIGATION DEVICE					
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michael R. Cammarata Attorney Reg. No.: 39,491				Dated: <u>April 10, 2006</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					